

CHANGE OF ADDRESS REQUEST

(ACCEPTED IN WRITING ONLY)

LOCATION OF PROPERTY:

OWNER OF RECORD: _____

STREET: _____

TOWN: _____

NEW MAILING ADDRESS:

NAME: _____

STREET: _____

TOWN/STATE/ZIP: _____

SIGNATURE – OWNER OF RECORD ONLY

DATE

Please complete and return to the Assessors' Office:

BOARD OF ASSESSORS
25 WEST STREET
CITY HALL, ROOM 9
LEOMINSTER, MA 01453

If you have any questions or need additional information, please feel free to contact the Assessors' Office directly at (978)534-7531